

Claims Reprocessing Information

On April 4, 2006, Electronic Data Systems (EDS) installed an erroneous payment correction (EPC) in the claims payment system. This EPC was designed to shift payments to Medi-Cal that were originally paid CCS-only. Claims that had been paid as CCS-only for children later established as Medi-Cal have been identified and were reprocessed. This matching of previously adjudicated claims to the current eligibility file also provided for payment of some claims that had been denied. Providers will see the results of this reprocessing in their check writes over the next few weeks. The current reprocessing should not result in any negative adjustments, however, the way the EPC process works is that the original claim is voided and appears as a negative on the provider's remittance advice followed by a new claim line showing a positive. Most providers are used to this process but you may get some calls. It is also possible that some adjustments in payment may occur, if this happens the provider should be directed to EDS. The adjustment reason code for the EPC will be, "975, Adjust Across Financial Programs." EDS will be sending a letter to all the providers involved in this reprocessing.

The expectation is that similar EPCs will be installed periodically in the future to provide for ongoing adjustment of CCS claims across financial programs, as appropriate.

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